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United States District Court
Eastern District of California

13 William Barker,)
14 Plaintiff,) Case No.
15) **Plaintiff's Complaint**
16 v.)
17 Calif. Health. Care. Fac.; Dr. Church,)
18 M.D. (CMO); Dr. Nasir, M.D. (PCP;)
19 Ms. Barnalis, R.N. (Nurse),)
20 Defendants.)
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Barker v. Calif. Health. Care. Fac., et al.
Plaintiff's Complaint

William L. Barker (P#86703)

Name and Prisoner/Booking Number

Calif. Health Care Facility (CHCF)

Place of Confinement

7707 S. Austin Road (POB 32050)

Mailing Address

Stockton, California 95213

City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA

WILLIAM L. BARKER

(Full Name of Plaintiff)

Plaintiff,

v.

CASE NO. _____

(To be supplied by the Clerk)

(1) Calif. Health Care Fac# et.al.,

(Full Name of Defendant)

(2) Dr. Church, M.D., (CMO),

(3) Dr. Nasir, M.D., (PCP),

(4) Ms. Earnalis, R.N., (Nurse)

Defendant(s).

CIVIL RIGHTS COMPLAINT
BY A PRISONER

☒ Original Complaint

☐ First Amended Complaint

☐ Second Amended Complaint

☐ Check if there are additional Defendants and attach page 1-A listing them.

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).

☒ Other: 28 USC 1367 (Supplemental State Claims)

2. Institution/city where violation occurred: California Health Care Facility

B. DEFENDANTS

1. Name of first Defendant: Dr. Church, M.D. (CMO). The first Defendant is employed as:
Chief Medical Officer at Calif. Health Care Facility.
(Position and Title) (Institution)
2. Name of second Defendant: Dr. Nasir, M.D. (PCP). The second Defendant is employed as:
Primary Care Physician at Calif. Health Care Facility.
(Position and Title) (Institution)
3. Name of third Defendant: Ms. Barnalis, R.N.. The third Defendant is employed as:
Registered Nurse at Calif. Health Care Facility.
(Position and Title) (Institution)
4. Name of fourth Defendant: Jane Doe(s) 1-thru-2. The fourth Defendant is employed as:
Certified Nurse Assistant(s) et al. at Calif. Health Care Facility.
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☒ Yes ☐ No
2. If yes, how many lawsuits have you filed? Unknown Describe the previous lawsuits:

a. First prior lawsuit:

1. Parties: William Barker v. California Medical Facility
2. Court and case number: Unknown
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?)
Case Settlement

b. Second prior lawsuit:

1. Parties: N/A v. N/A
2. Court and case number: N/A
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?)
N/A

c. Third prior lawsuit:

1. Parties: N/A v. N/A
2. Court and case number: N/A
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?)
N/A

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

CLAIM I

1. State the constitutional or other federal civil right that was violated: 42 USC 1983 (Federal Law)
28 USC 1637 (State Supplemental Law)

2. Claim I. Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

(DR. CHURCH) & (DR. NASIR) in their Individual/Official Capacities
violated 42 USC 1983/28 USC 1367 from March/2018 thru October/2019
in their delay and denial of immediately and within due course of the
referral and appointment of a Community Hospital Orthopedic/Neurologist
to for medical treatment to correct the fractured bones in spinal cord
system that healed incorrectly causing daily excruciating pain due to
Plaintiff falling out of wheelchair while retrieving condiment/food
from the room-locker. Plaintiff after fall in March/2018 was given a
support back-brace in August/2018 5-months later; and in September/2018
6-months after fall x-rays revealed multiple thoracic/lumbar compression
fractures with mild diffused degenerative disc problems. Defendants
actions constitutes deliberate indifference and negligence to this
Plaintiff medical care via federal/state laws.

See (EX#A -thru- EX#F)...

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

Plaintiff suffers daily extreme/excruciating back pain with radiating
pains in arms/hands & legs/feet. Only a medical surgery from an Orthopedic-
Neurosurgeon can remedy medical care.

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim I to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. N/A

CLAIM II

1. State the constitutional or other federal civil right that was violated: 42 USC 1983 (Federal Law)
28 USC 1367 (State Supplemental Law)

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

☐ Basic necessities ☐ Mail ☐ Access to the court ☒ Medical care
☐ Disciplinary proceedings ☐ Property ☐ Exercise of religion ☐ Retaliation
☐ Excessive force by an officer ☐ Threat to safety ☐ Other: _____

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

(MS. KARALIS, RN) & (JANE DOES 1-2, CNA) Registered-Nurse and the
unidentified named Certified Nurse Assistants on March 12th/13th, 2018
was contacted by the Plaintiff/Patient via the (NAC) Nursing Assistance
Call Light system within the Patient-Room for medical assistance to allow
Patient to retrieve condiments/food items from his room-locker. The
Defendants within their individual/Official Capacities refused/declined
to medically assist the Patient while lying in hospital-bed within room
to retrieve items from room-locker when assistance is needed which is
the normal course-of-duty by demanding that Plaintiff although already
in daily pain from other health-ailments be removed from his hospital-bed
into wheelchair and then forced to retrieve personal-items from his locker
while leaning forward in the wheelchair resulting in Patient falling out
of wheelchair onto the floor within hospital-room. Plaintiff suffered
multiple thoracic/lumbar compression fractures of spinal-system along
with mild diffused degenerative disc problems. Defendants actions
constitute deliberate indifference and negligence to this Plaintiff
medical care via federal/state laws.
See (EX#A -thru- EX#F)...

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).
Plaintiff suffers daily extreme/excruciating back pain with radiating
pains in arms/hands & legs/feet. Only a medical surgery from an Orthopedic-
Neurosurgeon can remedy medical care.

5. **Administrative Remedies.**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
 b. Did you submit a request for administrative relief on Claim II? ☒ Yes ☐ No
 c. Did you appeal your request for relief on Claim II to the highest level? ☒ Yes ☐ No
 d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. N/A

E. REQUEST FOR RELIEF

State the relief you are seeking:

Declarative Relief: Declare Plaintiff constitutional rights violated...

Injunctive Relief: Issue Order for Plaintiff to receive an immediate medical appointment to Community-Hospital with Orthopedic/neurosurgeon for pre-surgery/surgery/post-surgery treatment to repair damaged to the multiple thoracic/lumbar fractures that healed incorrectly causing daily extreme/excruciating pain to spinal cord system; arms/hands; legs/feet.

Monetary Relief: Request \$1-Million (\$1,000,000) in damages from the California Health Care Facility and each Defendant in lawsuit.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 10, 2019

DATE

(x) William L. Barker

SIGNATURE OF PLAINTIFF

WILLIAM L. BARKER

N/A

(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

N/A

(Signature of attorney, if any)

N/A

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.

PROOF OF SERVICE BY MAIL
[CCP §§ 1013(a), 2015.5]

STATE OF CALIFORNIA, COUNTY OF San Joaquin

I am a citizen of the County of San Joaquin, State of California. I am a citizen of the United States of America. I am over the age of eighteen (18) and not a party to this action. I am a resident of the County of San Joaquin, CDCR# P-86703. My address is:

California Health Care Facility
POB 32050

7707 S. Austin Road

Stockton, CA 95213

On Oct. 10th, 2019, I served via United States Mail a copy of the following document(s): Civil Lawsuit (42 USC 1983/28 USC 1367)

The above-noted legal document(s) was placed in a sealed envelope, with postage thereon fully prepaid, addressed to the person at the address indicated below pursuant to California Code of Civil Procedure Section 1013. I placed the envelope or package in a mailbox or other like facility addressed to:

Clerk of the Court
U.S. District Court (Eastern)
501 I Street
Sacramento, CA 95814

Office of Attorney General
State of California
1300 I Street
Sacramento, CA 94244

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge. This document was executed on Oct. 10th, 2019 in San Joaquin County, California.

CC: Calif. Health Care Facility
Attn: Litigation Coordinator
7707 S. Austin Road
Stockton, California 95215

William L. Barker

Type or Print Name

William L. Barker

Signature